Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILINAGENCY NAME Board of Examiners for Social Workers and Marriage and Family Therapists ADDRESS P.O. Box 4508		CONTACT PERSON Billy Dilworth, Executive Director	TELEPHONE NUMBER 601-987-6806		
		CITY Jackson	STATE MS	ZIP 39296 -4508	
EMAIL bdijworth@swmft.ms.gov	SUBMIT DATE 03/13/12	Name or number of rule(s): Title 30, Part 1902, Rules 2.2, 3.1,4.1; a	and Part 1903.		
regulations in order to makes changes to Sticensure status, requirements, supervision in addition, the Mississippi State Board of Code Ann. §25-43-3.113(2)(a) (Rev. 2010) order to respond to legislative changes that requirements that are necessary for the lice	W licensure and conting, continuing education Examiners for Social finds emergency rubecame effective on nsing and regulation of the control of the contr	reason(s) for proposing rule/amendment inuing education requirements and revisions to mon and fees. Workers and Marriage and Family Therapists ("Ble-making necessary in this matter in that it has he buy 1, 2011, and to changes in the administration of social workers and the health, safety and welfarm order to act upon new applicants who are waiting	narriage and family therapy toard"), pursuant to the auth ad to develop new rules or r and enforcement of continu- te of the public. The Board	regulations regarding tority provided in Miss. evise existing rules in ting education finds that the immediate	
ORAL PROCEEDING:		lucation necessary for social work licensure Date: Time: Place:			
ten (10) or more persons. The written req notice of proposed rule adoption and shot	oral proceeding must west should be subm ald include the name, all address, and telep uding arguments, dat	on this rule. be held if a written request for an oral proceedin itted to the agency contact person at the above a address, email address, and telephone number of the party or parties you represent a, and views on the proposed rule/amendment/r	ddress within twenty (20) of of the person(s) making the nt. At any time within the t	lays after the filing of thi request; and, if you are : wenty-five (25) day publ	
Economic impact statement n	***	nis rule.	nomic impact statem	ent attached.	
TEMPORARY RULES Original filing Renewal of days Effective date: Immediately upon filing Other (specify):	Acti	PROPOSED ACTION ON RULES on proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference	Date Proposed Rule F Action taken:	no changes in text changes	

Printed name and Title of person authorized to file rules:

Signature of person authorized to file rules:

OFFICIAL FILING STAMP

Accepted for filing by

DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP

Accepted for filing by

MAR 1 3 2012
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by C.S. | 8 6 14 14

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.